

NU8000009880

(Requestor's Name)

(Address)

CF - 10.00

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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EXAMINER



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04/18/12--01019--017 \*\*25.00

06/05/12--01010--024 \*\*10.00

12 MAY 30 PM 3:52



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 23, 2012

DONALD LEE  
ADVANCE CLUB INC.  
16740 S.W. 78TH PLACE  
PALMETTO BAY, FL 33157

SUBJECT: ADVANCE CLUB INC.  
Ref. Number: N08000009880

We have received your document for ADVANCE CLUB INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation cannot use an LLC Dissolution form.

Please complete, sign, and return the enclosed Non-Profit Corporation Dissolution form.

Please note that the amount required to file the corporation dissolution is \$35.00.

So along with your completed form, please enclose a check for an additional \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr  
Regulatory Specialist II

Letter Number: 012A00012463

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: DISSOLUTION OF ADVANCE CWB INC.

DOCUMENT NUMBER: NA8 00000 9880

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DONALD LEE

(Name of Contact Person)

ADVANCE CWB INC.

(Firm/Company)

16740 SW 78 PLACE

(Address)

PAUMETTO BAY, FL 33157

(City/State and Zip Code)

For further information concerning this matter, please call:

DONALD LEE

(Name of Contact Person)

at (954) 495-3850

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

12 MAY 30 PM 3:52  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

12 MAY 30 PM 3:52

## ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

ADVANCE CUB INC.,

SECOND: The document number of the corporation (if known): NO8 00000 9880

THIRD: Adoption of Dissolution  
**(COMPLETE SECTION I OR II)**

### SECTION I

**If the corporation has members entitled to vote:**

(CHECK/COMPLETE ONE)

☒ The date of the meeting of members at which the resolution to dissolve was adopted  
Dec. 18, 2010. The number of votes cast by the  
members was sufficient for approval.

☐ The resolution was adopted by written consent of the members and executed in  
accordance with section 617.0701, Florida Statutes.

### SECTION II

**If the corporation has no members or members entitled to vote on the dissolution:**

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was \_\_\_\_\_.

The number of directors in office was \_\_\_\_\_ and the vote for resolution was

\_\_\_\_\_ for and \_\_\_\_\_ against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: \_\_\_\_\_  
(no more than 90 days after dissolution file date)

Signature \_\_\_\_\_



(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

DONALD LEE

(Typed or printed name of the person signing)

PRESIDENT

(Title of person signing)

**FILING FEE: \$35**